

# APPLICATION

# HOPWA Application For Funding

2004

## APPLICATION ✓ CHECKLIST

ALL APPLICANTS REQUESTING HOPWA FUNDS MUST SUPPLY THE FOLLOWING INFORMATION (UNLESS SHADED):

ITEM	NEW APPLICANTS	CURRENT PROJECT SPONSOR
PROJECT SPONSOR APPLICATION COVER SHEET		
<b><i>EXHIBIT I</i></b> PROGRAM ABSTRACT		
<b><i>EXHIBIT II</i></b> HISTORY OF ORGANIZATION		
Job Descriptions of Staff Positions		
Current Board Roaster		
Current Organizational Chart		
<b><i>EXHIBIT III</i></b> DESCRIPTION OF NEED		
<b><i>EXHIBIT IV</i></b> PROGRAM DESCRIPTION		
<b><i>EXHIBIT V</i></b> OUTCOME MEASURES		
<b><i>EXHIBIT VI</i></b> HOPWA PROGRAM BUDGET & SERVICE TARGETS		
<b><i>EXHIBIT VII</i></b> PROGRAM BUDGET NARRATIVE		
CURRENT FINANCIAL MANAGEMENT INFORMATION		
HOPWA Certifications and Assurances		
Resolution: Non-Profits Board of Directors or Local Governing Body		
State Corporation Commission Certificate & 501(c)3 designation from IRS (if applicable)		
Indirect Cost Plan (if applicable)		

# HOPWA Application For Funding

2004

## PROJECT SPONSOR APPLICATION COVER SHEET

This application cover sheet must be completed for each organization wishing to receive HOPWA funds directly from the Virginia Department of Housing and Community Development or indirectly as a subcontractor of a HOPWA Lead Agency.

Applicant/Recipient Organization:		
Address:		
Telephone:	Fax:	E-mail:
County Code:	Federal tax ID Number:	

Check appropriate type of applicant:

Non-Profit ☐

Government Housing ☐

Other ☐

Contact Person:	Title:
Telephone (if different from above):	E-mail:
Geographic Area(s) to be Served by the Project:	

**Total Funds Requested:**

\$
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*I certify that I have read and understood the Federal Fiscal Year 2004 Housing Opportunities for Persons With Aids Application Manual and Housing Opportunities for Persons With AIDS Federal Regulations and have answered the questions in this Application for HOPWA funds to the best of my ability:*

Name/Title of Authorized Representative (Print):	Signature/Date:
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# HOPWA Application For Funding

## **EXHIBIT I - PROGRAM ABSTRACT (1 page)**

Provide a summary of the main features of your project or program, including the types of housing and supportive services to be provided.

## **EXHIBIT II – HISTORY OF ORGANIZATION (1 page)**

Include, as this exhibit, a detailed description of:

1. Describe your agency's history of administering local, state or federal grants (for government agencies, a history of the office that will administer the HOPWA grant.) That includes experience in implementing the proposed services for persons with HIV/AIDS. Include most recent audit; fiscal accountability; and general experience with administering grants.
2. Describe the qualifications of essential organizational staff that will handle administration of program funds.
3. A detailed description of the level of oversight provided by the board of directors.
4. A current board roster.
5. A copy of the organizations current Organizational Chart.

## EXHIBIT III - DESCRIPTION OF NEED – (No page limit)

Include, as this exhibit, the following information:

1. Description of the geographical location (city/county) of the proposed HOPWA activities.
2. Description of the critical housing and supportive service needs of eligible persons not currently being addressed by available public and private resources and how the proposed activities to be carried out with HOPWA assistance will address these needs. If you are applying for funding for the entire region, you must describe the unmet needs of the entire region.
3. How local programs (Ryan White, Food Banks, etc.) are coordinating to address the housing and service needs for persons with HIV/AIDS. Include agency names, frequency of meetings, nature of meetings, etc.
4. How the proposed activities impact community efforts to provide quality housing services to persons with HIV/AIDS. Include a comprehensive description.

**NOTE: This information must be consistent with your local Consolidated Plan, if applicable.**

## EXHIBIT IV – PROGRAM DESCRIPTION (No page limit)

Include, as this exhibit, a detailed description of:

**(NUMBER EACH RESPONSE)**

1. The organization's mission.
2. If applicable, how long has your agency or organization been providing services to persons with AIDS or HIV?
3. If your organization received Ryan White funding, please list the name, address and telephone number of your Ryan White Consortium contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_

4. The programs outreach and referral systems, and the criteria for selecting residents for housing and services. Explain how outreach is conducted in each county outside the organization's "home" county. Describe the method for informing eligible persons regardless of their race, color, religion, sex, age, national origin, familial status, or handicap of the housing assistance and services available through HOPWA (e.g. outreach efforts and referral systems). This section must include a plan for disseminating program information to the following locally-based partners:

- Ryan White Consortia members
- Community services boards
- Health departments
- Homeless service providers
- Correctional facilities
- Minority organizations
- Non-profit housing organizations
- Public housing authorities

Submit examples of marketing material.

5. Your organization's participation in the development of your community's Continuum of Care Plan that assesses community resources available to the homeless and its subpopulations, including persons infected with HIV/AIDS? **Participation on Continuum of Care planning teams/committees and documentation of this participation will be required of all HOPWA project sponsors.**
6. The procedures that have been, or will be, taken to ensure coordination of HOPWA assistance with other state and local government agencies responsible for providing services to persons with AIDS or related diseases and their families, particularly coordination with agencies administering assistance provided under the Ryan White Comprehensive AIDS Resources Emergency Act of 1990. Cite the results or your region's most recent Ryan White Coordinated Statement of Need as it pertains to housing needs.
7. How consumers and community partners impacting the care of persons living with HIV or AIDS will be consulted and involved in the implementation of your HOPWA program. Unless one already exists, each successful applicant will be required to establish a local coordinating committee made up of representatives from area AIDS service organizations, consumers, housing organizations, local departments of health and social services, and Ryan White Consortia.
8. Fair Housing activity/activities which will be carried out during the funding period (See page 10.)

9. How HOPWA funds are to be expended on behalf of eligible clients according to the type of HOPWA assistance - emergency rent, mortgage, and utility assistance and tenant-based rental assistance. This plan should include:
- A description of the priority by which clients will be given assistance, for example: “first-come, first-serve” basis; severity of crisis; or other criteria. Describe any additional limits, or caps, on HOPWA financial assistance per client or household to be imposed by the applicant. Give an estimate of the length of time required from eligibility determination to approval and payment of emergency financial requests. Describe any additional prerequisites, requirements, or expectations of clients prior or upon receiving HOPWA assistance.
  - A description of the process used to determine which clients will be provided financial assistance, for example committees, meeting between case managers or a waiting list. Applicants must describe internal procedures, including responsible staff, for determining approval or denial of financial requests.
- If tenant-based rental assistance is proposed,***
- A description of the process and timeframe to be used for calculating the tenant and applicant’s share of the monthly rent.
  - A plan for the inspection of housing units in accordance with U.S. Department of Housing and Urban Development Housing Quality Standards (HQS).
10. The method for verifying client eligibility and ensuring that client needs cannot be met through other programs.
11. Procedures for ensuring that confidentiality of all persons assisted by the HOPWA program is maintained. This plan should include how HOPWA financial assistance will be delivered in a manner which does not compromise client confidentiality.
12. The method used to develop the case management and housing plans and how those plans will help achieve the programs goals.
13. How your program will address the changing and unpredictable needs of the clients.
14. The method for determining a client’s level of services, as well as measures ensuring that clients receive appropriate level of services.
15. How your program will ensure safe and appropriate deliver of services (cite any guidelines followed.)
16. Any financial or time limits or caps on assistance received and what provisions may exist to waive the caps.
17. The basis for limiting or discontinuing services.
18. The organizations eviction policy, if applicable.

**19. If HOPWA funds are being requested for leasing, acquisition, rehabilitation, and/or new construction of a housing facility, submit the following information:**

1. Address of the Site, if known, evidence of site control if applicable, and a photograph.
2. Submission of a completed *Threshold Review For Property Proposed For Use in HOPWA Program* form. You must request this form from your Grants Administrator.
3. For acquisitions, the purchase price and an estimate of closing costs.
4. For rehabilitation projects, whether the property is owned by the project sponsor or under long-term lease. If the property is being leased, submit a copy of the lease to your Grants Administrator.
5. For rehabilitation or new construction projects, a description of the nature and scope of the project and a detailed cost estimate of planned work completed by a contractor.
6. A description of the total amount of cash needed to carry out the project including reasonable costs for operations and supportive services and a list of resources either already committed to the project or to be pursued. This information will be used in determining the reasonableness and feasibility of the proposed project.

Each project sponsor must have a formal process for terminating assistance to an individual or family. At a minimum, there must be an appeals procedure with one level of administrative review for consumers who have HOPWA services terminated or are ineligible for HOPWA services for any reason. Consumers must be informed in writing of the appeals procedure at intake. It is the responsibility of any organization receiving HOPWA funds to inform prospective HOPWA consumers of the policy and maintain documentation that this policy has been shared during the intake process.

Please refer to the *Code of Federal Regulations 24 Part 574* (contained in the Appendix of this manual) for minimum requirements. Those applicants with small programs and limited staff may have the Executive Director hear all appeals. At a minimum, someone other than the person who made the initial termination of services must hear any appeal. For those applicants with larger programs, a procedure allowing for two or more levels of appeal is appropriate and expected. The Virginia Department of Housing and Community Development is not an appropriate level of appeal.

**Prior to execution of an agreement for HOPWA funds, each prospective project sponsor, including subrecipients, will be required to submit a copy of their Consumer Grievance Policy so that it may be placed on file at DHCD.** Any consumer complaints received by DHCD with regard to termination or ineligibility for HOPWA services will be referred back to the organization in question for resolution



through their Consumer Grievance Policy. Resolution of grievances will be reviewed during audits of program funds.

The formal process for terminating assistance is required through the Housing and Community Development Act of 1992. Failure to enforce this federal requirement will result in the deobligation of funds.

## EXHIBIT V – OUTCOME MEASURES (No page limit)

Respond to the following.

### 1. Persons to be assisted with Housing Assistance

Enter the projected number of persons who will receive housing assistance funded by HOPWA during the program year. Do not include persons who will receive supportive services only or persons who will receive housing information services only.

- ◆ Number of persons with HIV/AIDS who will receive housing assistance \_\_\_\_\_
- ◆ Number of other persons in families who will receive housing assistance \_\_\_\_\_
- ◆ Total number of persons who will receive housing assistance (a + b) \_\_\_\_\_

### 2. Households to be assisted with Housing assistance

Enter the projected number of households that will be assisted with housing assistance.

- ◆ Total number of households to be assistance with housing assistance: \_\_\_\_\_

### 3. Persons to be assisted with Housing assistance

Enter the projected number of families that will be assisted with housing assistance.

- ◆ Total number of families to be assistance with housing assistance: \_\_\_\_\_

### 4. Households to Receive Case Management Services

Enter the projected number of households that will receive case management services, directly or via referral.

- ◆ Total number of households to receive case management services: \_\_\_\_\_

### 5. Persons to Receive Housing Information

Enter the projected number of persons who will receive housing information services funded by HOPWA during the program year. This number may include persons also reported above.

- ◆ Total number of persons to receive housing information services: \_\_\_\_\_

## EXHIBIT VI – HOPWA PROGRAM BUDGET & SERVICE TARGETS

Complete the attached table by allocating the total request for funds into the appropriate categories and line items. Describe any public and/or private resources that are expected to be made available in connection with the proposed HOPWA-supported activities. Please include in the "Other Funds" column all other federal, state, or local resources such as Ryan White, Section 811, Community Development Block Grant (CDBG), foundations or other monies that will also directly support the eligible activities listed.

In addition, provide service targets, or estimates, of the number of households and HIV/AIDS infected individuals to be served by the HOPWA funding category only.

If more than one organization is participating in this proposal, a separate *Exhibit IV- HOPWA Program Budget & Service Targets* must be included for each organization.

## EXHIBIT VII – PROGRAM BUDGET NARRATIVE

Provide a narrative description of all eligible activities to be provided with HOPWA funds including: leasing, operations, tenant-based rental assistance, emergency rent payments, emergency mortgage payments, emergency utility payments, supportive services, housing information, resource identification, technical assistance (for community residences only), and real property activities.

If Exhibit VI- Program Summary Budget reports the use of "Other Funds" for eligible activities, please describe the source of these funds.

## EXHIBIT VI – 2004 PROGRAM BUDGET & SERVICE TARGETS

Name of Organization: \_\_\_\_\_

Term: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

PROGRAM ACTIVITY	HOPWA FUNDS for activity	Ryan White Funds for activity	Number of Households by activity	Number of Persons w/HIV/Aids by activity	Other Funds for activity
NEW CONSTRUCTION	\$	\$			\$
ACQUISITION	\$	\$			\$
REHABILITATION	\$	\$			\$
LEASING	\$	\$			\$
OPERATING COSTS					
Maintenance	\$	\$			\$
Security	\$	\$			\$
Utilities	\$	\$			\$
Furnishings	\$	\$			\$
Insurance	\$	\$			\$
Supplies	\$	\$			\$
Other: (List)	\$	\$			\$
	\$	\$			\$
<b>Subtotal</b>	\$	\$			\$
<b>HOUSING ASSISTANCE</b>					
Short-term Rent, Mortgage & Utility Payments	\$	\$			\$
Tenant-Based Rental Assistance	\$	\$			\$
<b>Subtotal</b>	\$	\$			\$

## EXHIBIT VI – 2004 PROGRAM BUDGET & SERVICE TARGETS – Page 2

PROGRAM ACTIVITY	HOPWA FUNDS for activity	Ryan White Funds for activity	Number of Households by activity	Number of Persons w/HIV/Aids by activity	Other Funds for activity
<b>SUPPORTIVE SERVICES</b>					
Case Management	\$	\$			\$
Adult Day Care	\$	\$			\$
Child Care	\$	\$			\$
Nutritional Svs/ Supplements	\$	\$			\$
Permanent Housing Placement	\$	\$			\$
Transportation	\$	\$			\$
Food / Food Bank	\$	\$			\$
Substance Abuse Treatment/ Counseling	\$	\$			\$
Other: (List)	\$	\$			\$
	\$	\$			\$
<b>Subtotal</b>	\$	\$			\$
<b>HOUSING INFORMATION SERVICES</b>					
Housing Counseling	\$	\$			\$
(List)	\$	\$			\$
<b>RESOURCE IDENTIFICATION</b>					
(List)	\$	\$			\$
(List)	\$	\$			\$
<b>TECHNICAL ASSISTANCE</b>					
For Community Residences Only					
(List)	\$	\$			\$
<b>ADMINISTRATION</b>	\$	\$			\$
Limited to 7% of Award					
<b>TOTAL GRANT REQUEST</b>	\$	\$			\$

## CURRENT FINANCIAL MANAGEMENT SYSTEM INFORMATION

1. Does your organization do its own financial accounting? Yes ☐ No ☐

If no, who does your organization's financial accounting?

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2. In your financial accounting system, are the following books of account Yes ☐ No ☐

A. General Ledger Yes ☐ No ☐

B. Cash Disbursements (Check Register) Yes ☐ No ☐

C. Cash Receipts (Deposits Received) Yes ☐ No ☐

D. Fixed Asset Yes ☐ No ☐

3. List the title of the staff person responsible for the following tasks:

A. Opens mail 

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B. Deposits checks/funds 

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C. Reconciles checkbook with bank statement

D. Posts cash receipts 

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4. Do checks require two signatures?

Yes ☐ No ☐

Whose signatures are required? (Titles)

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5. Are individuals who handle the organization's funds bonded?

Yes ☐ No ☐

6. How many years are records retained?

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7. Does your organization have an annual audit completed by an Independent accountant?

Yes ☐ No ☐

If no, how often is an audit completed or what other methods are used to ensure fiscal accountability?

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8. If applicable, attach a copy of your most recent audit and the most recent year's operating budget.

# Housing Opportunities for Persons With AIDS (HOPWA) Program

## *Certifications and Assurances*

I, \_\_\_\_\_, authorized representative of \_\_\_\_\_

\_\_\_\_\_ on behalf of the organization do hereby certify that the organization will conform to all Housing Opportunities for Persons With AIDS (HOPWA) Program regulations, guidelines, and requirements set forth in the Housing Opportunities for Persons With AIDS (HOPWA) FY 1999 Application Manual while conducting grant activities. To this end, I certify/assure the following:

1. Buildings/structures assisted with Housing Opportunities for Persons With AIDS (HOPWA) funds will be maintained as a facility to provide housing or assistance for individuals with acquired immunodeficiency syndrome or related diseases for a period of not less than 10 years, in the case of assistance involving new construction, substantial rehabilitation or acquisition of a building or structure, or for a period not less than three years in cases involving non-substantial rehabilitation or repair of a building or structure;
2. All services/programs supported by Housing Opportunities for Persons With AIDS (HOPWA) Program funds will be delivered on a nondiscriminatory basis consistent with the Fair Housing Act of 1988 and the Virginia Fair Housing Law;
3. The organization agrees that no fee, except rent, will be charged of any eligible person for any housing or services provided with amounts from a grant under the Housing Opportunities for Persons With AIDS (HOPWA) Program;
4. No person who is an employee, agent, consultant, officer, or elected or appointed official of the organization and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds there under, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter;
5. The organization shall establish and/or operate under a standardized set of procurement procedures designed to assure efficient and proper expenditure of Housing Opportunities for Persons With AIDS (HOPWA) funds;
6. The organization will ensure the confidentiality of the name of any individual assisted with Housing Opportunities for Persons With AIDS (HOPWA) funds and any other information regarding individuals receiving assistance;
7. The organization (unless the organization is a unit of local government) was incorporated under Virginia law on \_\_\_\_\_  
\_\_\_\_\_; and
8. The organization (unless the organization is a unit of local government) has received Federal tax exempt status under Section 501 (c) of the U. S. Internal Revenue Service Code.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Representative



## GOVERNING BODY RESOLUTION FOR LOCAL GOVERNMENT APPLICANTS

- I. **WHEREAS**, the Virginia Department of Housing and Community Development has issued a Notice of Funding Availability and requested applications under the Housing Opportunities for Persons With AIDS Program.
- II. **WHEREAS**, assistance is needed to effectively and adequately address the housing and supportive services needs of individuals infected with HIV/AIDS in \_\_\_\_\_  
(enter name of locality).
- III. **WHEREAS**, a Housing Opportunities for Persons With AIDS Application for a grant under this Program has been prepared.
- IV. **WHEREAS**, \_\_\_\_\_  
(enter name and title)  
can act on behalf of \_\_\_\_\_ and will sign all necessary  
(enter name of locality)  
documents required to complete the grant transaction.
- V. NOW, THEREFORE, BE IT RESOLVED THAT THE Board of Supervisors, City Council, or other authorizing governmental body, of \_\_\_\_\_ hereby  
(enter name of locality)  
authorizes \_\_\_\_\_  
(enter Local Government Office and Title of Official)  
to apply for and accept the grant and enter into a Grant Agreement with the Department of Housing and Community Development and perform any and all actions and responsibilities in relation to such Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type/Print Name and Title of Authorized Local Government Official

**BOARD RESOLUTION FOR NONPROFIT APPLICANTS**

- I. **WHEREAS**, the Virginia Department of Housing and Community Development has issued a Notice of Funding Availability and requested applications under the federal Housing Opportunities for Persons With AIDS formula program.
- II. **WHEREAS**, assistance is needed to effectively and adequately address the housing needs of persons infected with HIV/AIDS to be served by \_\_\_\_\_  
(enter name of organization)  
in our service area(s) of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(list all service areas).
- III. **WHEREAS**, a Housing Opportunities for Person With AIDS Application for a grant under this program has been prepared.
- IV. **WHEREAS**, \_\_\_\_\_  
(enter name of organization)  
agrees to provide services in conformance with the regulations and guidelines of the Housing Opportunities for Persons With AIDS Program.
- V. **WHEREAS**, \_\_\_\_\_  
(enter name and title)  
can act on behalf of \_\_\_\_\_  
(enter name of organization)  
and will sign all necessary documents required to complete the grant transaction.
- VI. **NOW, THEREFORE, BE IT RESOLVED THAT** the Board of Directors of \_\_\_\_\_  
\_\_\_\_\_ hereby authorizes \_\_\_\_\_  
(enter name of organization) \_\_\_\_\_ to apply for and accept  
(enter name)  
the Housing Opportunities for Persons With AIDS Program and enter into a Grant Agreement with the Virginia Department of Housing and Community Development and perform any and all actions and responsibilities in relation to such Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name and Title of Authorized Board Member

***HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS PROGRAM***

***CERTIFICATION OF LOCAL APPROVAL***

I, \_\_\_\_\_ duly authorized to act  
(enter name and title)

on behalf of \_\_\_\_\_ hereby  
(enter name of jurisdiction)

approve the following project(s) proposed by \_\_\_\_\_  
(enter name of nonprofit organization(s))

which is/are located in \_\_\_\_\_  
(enter name of all applicable jurisdictions)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Type or Print Name and Title of Authorized Local Government Official